Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca		ng 01-01-2014 , and ending 12-3	1-2014			
B Ch	eck if a	applicable	C Name of organization AMERICAN FUTURE FUND			D Emplo	yer ider	ntification number
☐ Ad	dress cl	hange				26-06	20554	4
┌ Na	me cha	ange	Doing business as					
┌ Inr	tial retu	ım				E Telepho		har
_ Fir	al		Number and street (or P O box if 6750 WESTOWN PKWY 200-156	mail is not delivered to street address) Ro	oom/suite	, in the second		
ret	urn/ter	mınated	6730 WESTOWN PRWT 200-136			(515)	720-5	5250
M Am	nended	return	City or town, state or province, cou WEST DES MOINES, IA 50266	untry, and ZIP or foreign postal code				
Гар	plicatio	n pending	WEST DES MOINES, IA 30200			G Gross re	eceipts \$	\$ 6,907,644
			F Name and address of pr	ncıpal officer	H(a) Is this a group	return	for
			ALLISON KLEIS	0.156	`	subordinates?		┌ Yes ┌ No
			6750 WESTOWN PKWY 20 WEST DES MOINES,IA 5		U/L	.		
			,		П(В) Are all subordi included?	nates	Γ Y es Γ No
I Ta	ıx-exen	npt status	501(c)(3) 5 01(c)(4)	(insert no)			a lıst	(see instructions)
	ebsite	e: 🕨 W\	WW AMERICANFUTUREFUND C	OM		Group exempt	ion nur	mhar 🌬
					H(c	<u> </u>		
			n 🔽 Corporation 🦳 Trust 🦳 Associati	on Other ►	LY	ear of formation 20	07 M	State of legal domicile IA
Pa	rt I	Sun	nmary					
				on or most significant activities	75NC 05 A	MEDICA		
		PROMO	TE CONSERVATIVE FREE MA	RKET PRINCIPLES TO THE CITI	ZENS OF A	MERICA		
ĕ								
13								
₹	2	Check t	his box দ if the organization d	iscontinued its operations or dispo	osed of more	e than 25% of its	net as	sets
Activities & Governance							l _ 1	1
2 6				ning body (Part VI, line 1a)			3	2
Ĕ				of the governing body (Part VI, lir			4	1
₹				calendar year 2014 (Part V, line	-		5	0
र्				necessary)			6	42,000
	1			Part VIII, column (C), line 12			7a	0
	b	Net unr	elated business taxable income	from Form 990-T, line 34			7b	0
	١.	. .		443		Prior Year		Current Year
ā	8			ine 1 h)		6,367,3		6,906,121
Revenue	9			ine 2g)			0	0
瓷	10			n (A), lines 3, 4, and 7d)		6,0	019	1,523
_	11			, lines 5, 6d, 8c, 9c, 10c, and 11e L (must equal Part VIII, column (A	· —		0	0
	12					6,373,4	118	6,907,644
	13			t IX, column (A), lines 1-3) .		678,0	67	1,317,700
	14	Benet	fits paid to or for members (Part	IX, column (A), line 4)	🗆		0	0
	15	Salar	ies, other compensation, employ	ee benefits (Part IX, column (A), l	ines		0	0
Expenses		5-10	•					
क	16a			, column (A), line 11e)	· ·	80,!	510	43,750
ਲੌ	Ь	Total f	undraising expenses (Part IX, column (I	0), line 25) ▶ 43,750				
_	17	Othei	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)	🗆	6,219,9	10	6,086,646
	18	Total	expenses Add lines 13-17 (mi	ust equal Part IX, column (A), line	25)	6,978,4	187	7,448,096
	19	Reve	nue less expenses Subtract line	18 from line 12		-605,0)69	-540,452
88					В	eginning of Curre	nt	End of Year
Not Assets or Fund Balances					<u> </u>	Year	\dashv	
300	20					2,067,6		1,527,199
異	21						0	0
	22			t line 21 from line 20		2,067,6	551	1,527,199
	rt II		nature Block					
my k	nowle	dge and		amined this return, including accomplete Declaration of preparer (ot				
	- I I I I I I I I I I I I I I I I I I I							
		***				2015-11-16		
Sigr		Sign	ature of officer			Date		
Her	e		SON KLEIS TREASURER					
		1	e or print name and title	-T-				
	_		Print/Type preparer's name KATHY FAIRCHILD	Preparer's signature KATHY FAIRCHILD	Date	Check if self-employed	PTIN P00222	2608
Pai		F	Firm's name FRSM US LLP		<u> </u>	Firm's EIN 🖛 42		
	pare	er		40				
Use	On	ly	Firm's address ► 400 LOCUST ST STE 6			Phone no (515) 558-66	OUU
			DES MOINES, IA 503	092354				

Form	990 (2014)					Pag	je 2
Par			ice Accomplishments				_
	Check if Sc	hedule O contains a resi	ponse or note to any line in	this Part III	<u> </u>		l
1	Briefly describe th	ie organization's missior	I				
<u> </u>	RICAN FUTURE FU	ND WORKS TO PROMO	TE CONSERVATIVE FREE	MARKET PRINCIPLES TO T	HE CITIZE	NS OF AMERICA	
							—
							_
2		on undertake any signific o or 990-EZ?		g the year which were not liste	d on	┌ Yes ┌ No	
	If "Yes," describe	these new services on S	chedule O				
3	_	on cease conducting, or i	make sıgnıfıcant changes ın 	how it conducts, any program		┌ Yes ┌ No	
	If "Yes," describe	these changes on Scheo	lule O				
4	expenses Section	501(c)(3) and 501(c)(4	•	n of its three largest program I to report the amount of grant rted	•	•	
4a	(Code) (Expenses \$	7,101,056 including gran	ts of \$ 1,317,700) (Re	venue \$)	
	PEOPLE A MECHANIS MATERIALS FOR PUB	M TO COMMUNICATE AND ADV LIC DISTRIBUTION, PARTICIPA	VOCATE ON THE ISSUES THAT MO	OR CONSERVATIVE AND FREE MARK OT INTEREST AND CONCERN THEM SLATION, AND THROUGH NATIONAL A E IN EDUCATION	THE ORGANIZA	ATION GENERATES	١
4b	(Code) (Expenses \$	ıncludıng grant	s of \$) (Rev	 enue \$)	
				TO A NON-PARTISAN NON-PROFIT (ULTIPLE REGISTRANTS THAT ARE TH			
4c	(Code) (Expenses \$	ıncludıng grant	s of \$) (Rev	enue \$)	
	TRANSPARENCY AND	GOOD GOVERNANCE AT ALL L		AND CORRUPTION IN GOVERNMENT THERE ARE EXAMPLES OF UNETHIC IONS			;
4d	Other program se	ervices (Describe in Sch	edule O)				
	(Expenses \$	ınc	luding grants of \$) (Revenue \$)	

7,101,056

Total program service expenses ►

Dart TV	Checklist	of Requir	ed Sch	edules
2 11 7 7 7	CHECKHISE	ui keuuli	eu scii	cuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ī		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	7-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	•		
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	- 50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
		•		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a respons	se or note to any line in this Part	VI.	 _	 _		_	_	·

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		No
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		io Cod	
36	ection b. Policies (This Section & Tequesis information about policies not required by the Thermal K	CVCIII	Yes	No
			1 63	140
10a	Did the organization have local chanters, branches, or affiliates?	102		No.
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

►ALLISON KLEIS

20

interest policy, and financial statements available to the public during the tax year $% \left(1\right) =\left(1\right) \left(1\right) \left($

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than son is	one bot	not box th ar or/tr	c , o us employee	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SANDY GREINERPRESIDENT/DIRECTOR	3 00	x		х				0	0	0
(2) ALLISON KLEIS TREASURER/SECRETARY	3 00	х		х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	- ▶			
d	Total (add lines 1b and 1c)	►	0	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization •0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			,
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MAIN STREET MEDIA GROUP PO BOX 25093 ALEXANDRIA, VA 22313	MEDIA SERVICES	1,798,396
MENTZER MEDIA 600 FAIRMONT AVENUE SUITE 306 TOWSON, MD 21286	MEDIA SERVICES	715,358
CRAFT MEDIADIGITAL LLC 1600 K ST NW STE 300 WASHINGTON, DC 20006	MEDIA SERVICES	650,000
CONCORDIA ENTERPRISES LLC 6601 WESTOWN PARKWAY SUITE 240 WEST DES MOINES, IA 50266	CONSULTING AND MANAGEMENT SERVICES	487,500
NEBO MEDIA 1911 NORTH FT MYER DRIVE SUITE 400 ARLINGTON, VA 22009	MEDIA SERVICES	410,500
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

Part V	1111	Statement of Revenue				
		Check if Schedule O contains a response or note to any li				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χş	1a	Federated campaigns 1a				
Giffs, Grants ilar Amounts	ь	Membership dues 1b				
В Щ	С	Fundraising events 1c				
	d	Related organizations 1d				
ons, Gift Similar	e	Government grants (contributions) 1e				
ons Si	f	All other contributions, gifts, grants, and 1f 6,906,121				
tributio Other	•	sımılar amounts not ıncluded above				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$				
Coni and	h	Total. Add lines 1a-1f	6,906,121			
		Business Code				
emu	2a					
Fe	ь					
- Ce	С					
er w	d					
Program Serwde Revenue	е					-
0018	f	All other program service revenue				
Š	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,	1,523			1,523
	4	and other similar amounts)	_,			
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	from sales of				
		assets other than inventory				
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
ıne		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
æ		See Part IV, line 18				
her	ь	Less direct expenses b				
ਰ	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	ь	Less direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
	ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶				
	12	Total revenue. See Instructions	6,907,644	o	o	1,523

Form	990 (2014)				Page 10
	Statement of Functional Expenses	. I.I		1-b	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				<u></u>
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and		скрепосо	general expenses	скрепосо
	domestic governments See Part IV, line 21	1,317,700	1,317,700		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	171,617	113,926	57,691	
c	Accounting	13,844		13,844	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	43,750			43,750
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,236,608	1,149,821	86,787	
12	Advertising and promotion	3,150,856	3,150,856		
13	Office expenses	20,444		20,444	
14	Information technology	34,750	34,750		
15	Royalties				
16	Occupancy	90,000		90,000	
17	Travel	34,524		34,524	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRODUCTION/WRITING	969,294	969,294		
b	SURVEY RESEARCH	251,488	251,488		
c	MAIL PRODUCTION AND POS	86,347	86,347		
d					
e	All other expenses	26,874	26,874		
25	Total functional expenses. Add lines 1 through 24e	7,448,096	7,101,056	303,290	43,750
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing 2,067,651 1,527,199 1 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 2,067,651 16 1,527,199 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 **Total liabilities.** Add lines 17 through 25 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,067,651 27 1,527,199

28

29

30

31

32

33

34

ö

Net Assets

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund

complete lines 30 through 34.

1,527,199

1,527,199

28

29

30

31

32

33

2,067,651

2,067,651

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,9	07,644
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4	148,096
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	540,452
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,0	067,651
5	Net unrealized gains (losses) on investments	5			<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,5	527,199
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n [
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of th	1e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<u>:</u>	3b		

DLN: 93493320036295

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	Section 501(c)(4), (5), or (6) org	garizations complete rart iii		Employer iden	tification number
	ERICAN FUTURE FUND			1 1	th leation number
Dor	t I-A Complete if the o	rganization is exempt under	soction EO1/	26-0620554	organization .
	<u> </u>				organization.
1		rganization's direct and indirect polit	ical campaign act	ivities in Part IV	
2	Political expenditures			•	\$ 3,445,451
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excis	se tax incurred by the organization ui	nder section 4955		\$
2	Enter the amount of any excis	se tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly exp	pended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$3,445,451
2		organization's funds contributed to o	ther organizations	s for section 527	
	exempt function activities			•	\$0
3	Total exempt function expend	litures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$3,445,451
4	Did the filing organization file	Form 1120-POL for this year?			✓ Yes
5	organization made payments amount of political contribution separate segregated fund or a	and employer identification number (I For each organization listed, enter the ons received that were promptly and a political action committee (PAC) I	he amount paid fro directly delivered f additional space	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır -0-				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B	Complete if the organization is exempt under section $501(c)(3)$ and has filed Form 5768 (election under section $501(h)$).	NOT				
For a	ach "Vec" i	esponse to lines 1a through 1: below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
activ		esponse to imes 1a timough 11 below, provide in rait 1v a detaned description of the lobbying	Yes	No	1	Mour	nt
1	legislati	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of					
а	Volunte]		
b c		f or management (include compensation in expenses reported on lines 1c through 1i)? vertisements?			-		
d	Mailings	to members, legislators, or the public?					
e	Publicat	ons, or published or broadcast statements?					
f	Grants t	o other organizations for lobbying purposes?					
g	Direct c	ontact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies,	lemonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Otherac	tivities?					
j	Total A	ld lines 1c through 1i					
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?					
b		enter the amount of any tax incurred under section 4912					
С		enter the amount of any tax incurred by organization managers under section 4912					
d		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c)(5),	or s	ectio	n
						Yes	No
1	Were su	ostantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the	rganization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the o	rganization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, as	sessments and similar amounts from members	1				
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).	_				
а	Current		2a				
Ь	•	er from last year	2b				
c	Total		2c				
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess organization agree to carryover to the reasonable estimate of nondeductible lobbying and	'				
		expenditure next year?	4				
5	Taxable	amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV	Supplemental Information					
		escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr ctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	, Part II	:-A,I	ines 1	and
	Ret	urn Reference Explanation					
PAR	T I-A, LIN	·	TSAND	SENT	мдті	FRS	
	,	ADVOCATING THE ELECTION OR DEFEAT OF CANDIDATES FOR					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320036295

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ame of the organization MERICAN FUTURE FUND					Employer ident	ification number		
MERICANTOTORETOND					26-0620554			
Fundraising Act filers are not requ			ganızatıo	n answered "Yes" to	Form 990, Part IV, I	ıne 17. Form 990-E		
Indicate whether the orga	nızatıon raısed funds	through a	ny of the f	following activities Chec	ck all that apply			
Mail solicitations			е	Solicitation of non-	government grants			
Internet and email so	licitations		f	Solicitation of gove	ernment grants			
Phone solicitations			g	☐ Special fundraising	events			
In-person solicitation	S							
 Did the organization have or key employees listed in 						Γ _{Yes} Γ Ν		
If "Yes," list the ten higher to be compensated at least			fundraise	rs) pursuant to agreeme	nts under which the fun	draiser is		
(i) Name and address of	(ii) Activity) Dıd	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to		
ındıvıdual or entity (fundraiser)		custo	ser have ody or ody of outions?	from activity	(or retained by) fundraiser listed in col (i)	fundraiser listed in	fundraiser listed in	(or retained by) organization
		Yes	No					
TWO RIVERS CAPITAL DEVELOPMENT 6601 WESTOWN PKWY SUITE 240	FUNDRAISING		No	6,653,172	40,000	6,613,172		
WEST DES MOINES, IA 50266								
2								
3								
4								
5								
6								
7								
8								
9								
0								
otal				6,653,172	40,000	6,613,172		
otal	organization is regis	tered or li	censed to					

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	ion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported les 1 and 6b. List
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
4.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ές	2	Less Contributions				
<u></u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
د. د	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
≧	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Subtract lir	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
—		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes		│ Yes	_
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9 a b	Ist	er the state(s) in which the organiza the organization licensed to conduct No," explain	gaming activities in ea	ch of these states?		「Yes 「No
-						
10a b		re any of the organization's gaming l Yes," explain	icenses revoked, suspe	nded or terminated during		
]

Sch	edule G (Form 990 or 990-EZ) 2014	Page
1	Does the organization conduct gaming activities with nonmembers?	
.2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	Γ _{Yes} Γ _{No}
L3	Indicate the percentage of gaming activities conducted in	
а	The organization's facility	0,
b	An outside facility	0,
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5
	Name ▶	
	A ddress ▶	
l.5a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	. ┌ Yes ┌ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the	
	amount of gaming revenue retained by the third party 🟲 \$	
С	If "Yes," enter name and address of the third party	
	Name 🟲	
	Address ▶	
L 6	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided 🟲	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
7	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	┌ _{Yes} ┌ _{No}
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	, 169 1 NO
-	in the organization's own exempt activities during the tax year ► \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inforinstructions).	
	mod dedono).	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

AMERICAN FUTURE FUND

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493320036295

Open to Public **Inspection**

Employer identification number

26-0620554

Part I General Inform	nation on Grants a	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants or	assistance?					✓ Yes
					Complete if the are	anization answered	"Voc" to
	ner Assistance to I V, line 21, for any re						res to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR BOUNDLESS INNOVATION IN TECHNOLOGY 3440 E SOUTHERN AVE UNIT 1100 MESA,AZ 85204	46-4324792	501(C)(3)	170,700				GENERAL SUPPORT
(2) THE PATRIOTS FOUNDATION 6601 WESTOWN PKWY SUITE 240 WEST DES MOINES, IA 50266	45-3070364	501(C)(3)	25,000				GENERAL SUPPORT
(3) THE PROGRESS PROJECT 6750 WESTOWN PKWY 200-158 WEST DES MOINES, IA 50266	26-2404352	501(C)(4)	451,500				GENERAL SUPPORT
(4) REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 1747 PENNSYLVANIA AVE NW SUITE 800 WASHINGTON, DC 20006	46-4501717	527	670,000				GENERAL SUPPORT EXCLUDING POLITICAL ACTIVITIES

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table	4

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation						
GRANT FUNDS	THE ORGANIZATION MAINTAINS DOCUMENTATION IN ITS CORPORATE AND ACCOUNTING RECORDS REGARDING THE AMOUNTS OF GRANTS MADE TO ORGANIZATIONS, THE STATUS OF THOSE ORGANIZATIONS, AND THE APPROVAL OF GRANTS BY THE BOARD OF DIRECTORS AMERICAN FUTURE FUND CAREFULLY EVALUATES THE MISSIONS AND ACTIVITIES OF RECIPIENT ORGANIZATIONS PRIOR TO MAKING ANY GRANTS TO ENSURE THAT FUNDS ARE USED APPRPRIATELY AND IN A MANNER THAT IS CONSISTENT WITH THE ORGANIZATION'S TAX EXEMPT PURPOSES						
, , ,	CONTRIBUTIONS MADE TO THE REPUBLICAN ATTORNEYS GENERAL ASSOCIATION WERE MADE WITH A RESTRICTION THAT THE FUNDS COULD NOT BE USED FOR POLITICAL ACTIVITY						

DLN: 93493320036295

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Transactions with Interested Persons

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN FUTURE FUND 26-0620554 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (d) Loan to (e)Original (f)Balance (h) (i)Written (c) **(g)** In interested with organization Purpose of or from the default? Approved agreement? principal due organization? amount by board or person loan committee? Yes Yes From No Yes Τо No No

Total	▶ \$							
	Assistance Benefiting In							
Complete ıf	Complete if the organization answered "Yes" on Form 990, Part IV, line 27.							
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type	of assistanc	e (e) Purpos	e of assistance		

Part IV	Business	Transactions	Involving	Interested	Persons.
		C		1 1157 11 -	000 0

	ation answered "Yes" on F		e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) ALLISON KLEIS	PRINCIPAL IN TWO RIVERS CAPITAL DEVELOPMENT	40,000	FUNDRAISING FEES		No

Part V	Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493320036295

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN FUTURE FUND

26-0620554

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S DIRECTORS AND LEGAL COUNSEL PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND ENFORCED BY THE DIRECTORS AT THE A NUMBER BOARD MEETING AND AS NEW TRANSACTIONS ARISE THAT MAY PRESENT A CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION DOES NOT COMPENSATE OFFICERS AND IT DOES NOT HAVE EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON WRITTEN REQUEST TO THE ORGANIZATION
FORM 990, PART IX, LINE 11G	CONSULTING, MANAGEMENT, COMMUNICATIONS PROGRAM SERVICE EXPENSES 1,149,821 MANAGEMENT AND GENERAL EXPENSES 86,787 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,236,608

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320036295

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN FUTURE FUND

Employer identification number

26-0620554

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FRANKLIN SQUARED LLC 388 STATE STREET SUITE 420 SALEM, OR 97301 80-0834863	CIVIC	OR	0	0	AMERICAN FUTURE FUND

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h		(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	General	or Percentag
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	managır	ıg ownershı
		(state or	entity	unrelated,		assets			20 of	partner	?
		foreign		excluded from					Schedule K-1		
		country)		tax under					(Form 1065)		
				sections 512-							
				514)							
				,			Yes	No		Yes N	o
			_								
								•	ı		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512		
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	(b)(13)	
		(state or foreign		corp,		assets		controlled		
		country)		or trust)				entity?		
								Yes	No	

						Yes	
iring th	ne tax year, did the orgranization engage in any of the following transactions with one	or more related organizations	listed in Parts II-IV?				
Recei	pt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	а		
Gıft, g	rant, or capital contribution to related organization(s)			1	b		
Gıft, g	rant, or capital contribution from related organization(s)			1	c		
Loans	or loan guarantees to or for related organization(s)			1	d		
Loans	or loan guarantees by related organization(s)			1	e		
Divide	ends from related organization(s)			_1	f		
Sale o	of assets to related organization(s)			1	g		
Purch	ase of assets from related organization(s)			1	h		
Exchai	nge of assets with related organization(s)			1	.i		
j Lease of facilities, equipment, or other assets to related organization(s)							
	of facilities, equipment, or other assets from related organization(s)			_	k J		
l Performance of services or membership or fundraising solicitations for related organization(s)							
Perfor	mance of services or membership or fundraising solicitations by related organization	(s)		_	m		
Sharın	g of facilities, equipment, mailing lists, or other assets with related organization(s)			L¹	.n		
Sharır	ng of paid employees with related organization(s)			1	0		
Reimb	pursement paid to related organization(s) for expenses			1	p		
	oursement paid by related organization(s) for expenses				q		
Other	transfer of cash or property to related organization(s)			1	r		
s Other transfer of cash or property from related organization(s)							
						_	
If the	answer to any of the above is "Yes," see the instructions for information on who must						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	nt invo	olve	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

I													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign country)	1	s 50 orga	(e) all partners section $501(c)(3)$ anizations?	on total (3) income	end-of-year	(h) Dispropritionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No	<u> </u>	Yes	No	1
		1		oxdot	,			<u></u> '	\Box				

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014